

# Advanced Manufacturing Branch Work Request



1. Request Date:	2. Short Title of Work:	3A. Work Breakdown Structure (WBS):	
3B. Labor WBS Element:		4. Cost Center:	5. Fund Source:
6. Project Resource Analyst Name:		Email:	Phone:
7. Desired Completion Date:	8. Project/Funded Program:	9. Fabrication Type: Flight      Non-Flight	10. Ground Support Equipment (GSE): Critical      Non-Critical
11. Material Certification: Yes              No	12. Inspection: Per 547-PG-5330-1.2    Per CDD    100%    None		13. Non-Destructive Evaluation (NDE): Yes    Type _____    No
14. Requester's Name (Last, First):		15. Requester's Email:	
16. Code:	17. Phone:	18. Authorized Program Lead Signature:	

19. Description of Work and Drawing Information:

Drawing Number	Rev.	E.O.	Description	Quantity

<b>Manufacturing Engineering Use Only</b>		
Date Received:	Quote:	Fabrication Manager Signature:

# Code 547 - Advanced Manufacturing Branch Work Request Form

## *Instructions to Originators*

Originators are responsible for completing Items # 1-19

**Do not write in shaded areas**

**Keep a copy for your records before submitting**

1. **User Request Date** - Month/Day/Year request is initiated.
2. **Short Title of Work** - A clear, descriptive name for parts or assemblies. Be as specific as possible in the space provided.
- 3A. **Work Breakdown Structure (WBS)** - Must be a valid Procurement WBS that can be obtained from your Resource Analyst (RA).
- 3B. **Labor WBS Element** - This labor number will be used for civil servants to charge actual hours worked in Web Tads.
4. **Cost Center** - Must be a valid 6-digit organization code obtained from your RA.
5. **Fund Source** - Determines which year funds are to be used.
6. **Project Resource Analyst** - Verifies that funds are in the Fab Pool for your WBS or an email stating the amount of funds and FY has been sent to Delores Shaut (RA for Code 547) at [Delores.J.Shaut@nasa.gov](mailto:Delores.J.Shaut@nasa.gov), and a Funds Control Transfer has been initiated. Include Project Resource Analyst's name/email address/phone number.
7. **Desired Completion Date** - Month/Day/Year.
8. **Project/Funded Program** - Name of project.
9. **Flight** - Yes - Is work for space flight use? No - work is not for space flight use.
10. **\*Ground Support Equipment (GSE)** - Critical GSE - Mechanical or electrical GSE (developed or procured) used in support of project development that is in direct contact with or in close proximity to the product and having properties such that inadequate design or manufacture, malfunction, improper function, or failure of which could cause personnel injury or product damage .
11. **Material Certification** - Is material certification required?
12. **Inspection** - Is mechanical (dimensional) inspection required and if so, to what extent? Your inspection choices are - (A) 547 PG = Our Procedure, (B) Using Critical Dimension Drawings, (C) 100%.
13. **Non Destructive Evaluation (NDE)** - Is NDE inspection required? If so what type—ultrasonic, x-ray, dye-pen, mag particle?
14. **Requester's Name** - Last, First.
15. **Requester's Email address** - yourname@nasa.gov.
16. **Code** - Your organization code.
17. **Phone Number**
18. **\*Authorized Program Lead Signature** - MUST BE SIGNED by Program personnel authorized to obligate program funding. By signing the work request you are acknowledging that you have authority to obligate Program funding.
19. **Description of Work & Drawing Information** - Complete description of work to be performed, quantities required, drawing numbers and other references, special instructions, etc. Attach drawings as required.